Sheet1

Circulated By	SD	Signer	Page Num	Full address	City
D'Ann Johnson		, Cona Crimon	1392	6403 25th Ave	Kenosha

AFFIDAVIT

STATE OF WISCONSIN)
Kenosha COUNTY)
Color a $Color being first duly sworn on oath, deposes and states as follows:$
1. I an adult resident of the 22 State Senate District and I am a qualified elector, i.e., either
registered to vote or eligible to register and vote.
2. On at <u>Closed Cityo Station on 15th St</u> , I spoke with an
individual who was soliciting passersby to sign a document.
4. I Saw a sign and stopped. Asked if this was for sexator
Work and they said yes. I thought that the pethtion was
to act Senator Wirch back to Wisconsin and was not intorme
that the petition was to recall the Senator. I would not
I she ratified if I knew it was to recall the
Senetor. The person was female and did not fully explain the purpose of the petition. I would not have signed it. I do
Purpose of the petetro- 5. Had I not been misled about the purpose of effect of the petition, I would not have signed it. I do
not and have not supported efforts to have a recall election held for Senator Wirch 's seat.
Colea J. Sinffin [NAME]

Subscribed and sworn to before me this

25 day of April, 2011.

Notary Public, State of Wisconsin

My Commission Kenoghe Conty

Expires July 21, 2013

RECALL PETITION

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of condidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

608-266-9005; http://nah.wi.gov ermil: gab@wi.gov

22rd District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Rehwing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



	PURPOSES, WHEN DIFFERENT THAN MUN		SUFFICIENT.					
	THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF					
SIGNATURES OF ELECTORS	Rural address must also jpelude box or fire no.	Indicate Town, City, or Village	SIGNING					
'AmandeM Lux	8404 1964 Ave Brist of 121 531 PM	Drown	3-29-11					
2. MIKE BOWN	PLEADENT PRANK	Town Village I was ant Preixix	3/29/14					
3. Ahrela Boxol	4004-87+2 Street Kenosha WL 53142	D Town D Vijjage Greity Denosite	3/29/11					
4. Celin J. Huffer	Lewoslia W. 51143	D Town D Village RENOSHA	3/29/11					
5.		☐ Town ☐ Village ☐ City						
6. Sampt Tairmons	5402-7545+ 8 KENOSHA WI 53142	D Town U Shage W KENO Shift	3/29/((
7. Oliver Whotstone	542 11th place 19enosha wi 53140	orilage SomERS	3/29/11					
8. Jampe	4827 G1TH ST	O TOWN O VILLAGE KONGSA OUT	3/29/2011					
" Clasaberch ?	7716 3875 St	Orown Ovillage Ocity Somers	3/29/11					
10. W/) Hall	1502-51 35 Ave 156N 05HA WI 53142	U Town U villege 29-City TENUSSK4	3/29/11					
Certification of Circulator								
	HNSON unic of circulator)	, cert	ify:					
reside al 7103 9	3 M AVE KENAS,	HA WI	<u> </u>					
(circulator's residence - Include number, street, and numberipality) personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of listrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated apposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is punishable under support this recall petition. I am aware of circulator is								
AB-110 (Rev. 6/2001) The information on this form is required by §5. 8.40 and 9.10. Wis, State. P.O. Box 26 • Silver Lake, WI 53170 Page No. 1392								

www.RecallWirch.com • RecallWirch@gmail.com